

National Office of Vital Statistics
FILED JUL 12 1948

Registration District No. 255

Primary Registration District No. 5877

Registrar's No.

1. PLACE OF DEATH:

(a) County: Oregon
(b) City or town: Alton Route 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 28 years (Specify whether years, months or days)
In this community: 28 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Oregon 25
(c) City or town: Alton Route 1 0
(If outside city or town limits, write "RURAL")
(d) Street No.: (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME

Cleveland Pierce

3. (b) If veteran, name war: --

3. (c) Social Security No. --

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Dessie Scott Pierce

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: April 14 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 9 If less than one day hr. min.

9. Birthplace: Oregon County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

12. Name: Francis Marion Pierce 0

13. Birthplace: Oregon County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Rowena Cox
15. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Carlton Pierce

(b) Address: Couch, Mo.

17. (a) Burial (Burial, cremation, or removal): Burial (b) Date thereof: 5/25/48
(Month) (Day) (Year)

(c) Place: burial or cremation: Cave Springs Cem.

18. (a) Signature of funeral director: [Signature] (b) Address: Thayer, Mo.

19. (a) 7-2-48 (Date received local registrar) (b) [Signature] (Registrar's signature) 233

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 23
year: 1948 hour: 2 minute: 20 P. M.

21. I hereby certify that I attended the deceased from On May 22, 1948 to May 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Paralysis

Due to: High blood pressure

Other conditions: rheumatism
(Include pregnancy within 3 months of death)

Major findings: Of operations: [Signature]

Of autopsy: [Signature]

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: G. B. Foreest (M. D. or other) Address: Alton MO Date signed: 6/15/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Fruit

~~87-9-6~~
~~7-6-78~~
District Health Officer No. 5,
District File Number 718470
Date Filed
RECEIVED 7-6-78

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.